

| POSITION            | INITIALS | ID NO. | DATE    |
|---------------------|----------|--------|---------|
| FEE DETERMINATION   | ST       | 69007  | 9/20/99 |
| O.I.P.E. CLASSIFIER |          | 25     | 9-23-99 |
| FORMALITY REVIEW    |          | 71090  | 9/27/99 |

### INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                        I ..... Interference  
 - (Through numeral) Canceled        A ..... Appeal  
 + ..... Restricted                      O ..... Objected

| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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